



## Steps to a HealthierUS: Putting Prevention First Office of Disease Prevention and Health Promotion

April 15–16, 2003

Baltimore Marriott Waterfront Hotel ♦ Baltimore, Maryland

## **REGISTRATION FORM**

Please print/type your i	nformation as you we	ould like it to app	ear on your name badge:	
Name: (Dr., Mr., Ms.)				
Address:				
			Zip Code:	
			E-mail:	
Note that your credit can Card Holder's Name: Credit Card Type and N	d statement will indi	cate IQ Solutions	pelow to pay your registration fee last the vendor.	
PAY BY CHECK OR reference Steps to a Ho		Make all checks	or money orders payable to IQ Sol	lutions, Inc.,
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Steps to a HealthierU IQ Solutions, Inc. 11300 Rockville Pike Rockville, MD 2085 Phone: (301) 984-14	e, Suite 801		nail: aroth@iqsolutions.com	

It is critical that you make your hotel and airline reservations as soon as possible. The room rate at the Baltimore Marriott Waterfront Hotel is \$159 per night plus tax. You may make a hotel reservation by calling (410) 385-3000 or (toll-free) (800) 228-9290.

Please choose one of the following concurrent sessions for each day:
Tuesday, April 15, 2003
<ul> <li>Physical Activity and Fitness: Creating Change for a Healthier Lifestyle</li> <li>Using Health Communications To Prevent Disease and Promote Health</li> <li>Addressing the Obesity Epidemic Through Better Nutrition</li> <li>Reducing Health Disparities: Programs That Are Making a Difference</li> <li>Worksite Health Promotion: What Is Best for Your Organization?</li> </ul>
Wednesday, April 16, 2003
<ul> <li>☐ Healthy Students/Healthy Staff: Schools Play a Critical Role in Preventing Disease</li> <li>☐ Addiction and Disorder: Model Programs That Work</li> <li>☐ Resources: Communities Contributing to a HealthierUS</li> <li>☐ Voices From the Community: Exemplary Programs in Action</li> <li>☐ State Efforts in Prevention</li> </ul>
Please list any dietary restrictions:
Please list any dietary restrictions:  Will you need accommodations for persons with disabilities?   Yes  No
Will you need accommodations for persons with disabilities? ☐ Yes ☐ No
Will you need accommodations for persons with disabilities? ☐ Yes ☐ No
Will you need accommodations for persons with disabilities? ☐ Yes ☐ No  If yes, please state what types of accommodations you will need: